ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Porter Memorial Hospital

City: Valparaiso   County: Porter   Year: **2003**

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	26	195	1,158	$8,260
ICU Neonatal	12	88	1,470	$20,496
ICU Pediatric	0	0	0	$0
Medical/Surgical	156	9,484	44,281	$3,016
Neonatal Intermed	13	111	2,040	$7,351
Obstetrics	33	1,463	3,394	$1,499
Pediatric	0	0	0	$0

Psychiatric	0	0	0	$0
Rehabilitation	0	0	0	$0
Substance Abuse	0	0	0	$0
Swing Beds	NA	0	0	$0
Other Services	6	336	954	NA
Acute Subtotal	276	12,024	54,219	NA
Normal Newborn	35	1,302	2,632	$809

II. Outpatient Visits			
Circulatory System	11,728	Digestive System	7,669
Endocrine System	18,223	Injuries and Poison	21,576
Mental Disorder	2,264	Musculoskeletal	17,685
Neoplasms	5,960	Nervous	8,994
Respiratory	13,665	Urinary	13,975
Other/Unknown	49,317	Total Visits	171,046
Number of Visits to Emergency Department			52,169
Percent of Emergency Department Visits of Total Visits			30.5%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	Y - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	Y - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	Y - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	N - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

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